

MAR 22 2018

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

18 APR -5 PM 12:48

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Name: Philip Joseph Law Daytime Telephone: _____

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives
State: NC District: 3
Candidates - Date of Election: May 8th 2018

☐ New Officer or Employee
Employing Office: _____
Staff Filer Type (if Applicable):
☐ Shared ☐ Principal Assistant

☐ Check if Amendment
Period Covered: January 1, 2018 to May 8th 2018

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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Use additional sheets if more space is required.

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BLOCK A													BLOCK B													BLOCK C													BLOCK D																							
Assets and/or Income Sources													Value of Asset													Type of Income													Amount of Income																							
																																							Current Year												Preceding Year											
SP, DC, JT													A None B \$1-\$1,000 C \$1,001-\$15,000 D \$15,001-\$50,000 E \$50,001-\$100,000 F \$100,001-\$250,000 G \$250,001-\$500,000 H \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 J \$5,000,001-\$25,000,000 K \$25,000,001-\$50,000,000 L Over \$50,000,000 M Spouse/DC Asset over \$1,000,000*													NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)													I None II \$1-\$200 III \$201-\$1,000 IV \$1,001-\$2,500 V \$2,501-\$5,000 VI \$5,001-\$15,000 VII \$15,001-\$50,000 VIII \$50,001-\$100,000 IX \$100,001-\$1,000,000 X \$1,000,001-\$5,000,000 XI Over \$5,000,000 XII Spouse/DC Income over \$1,000,000*												I None II \$1-\$200 III \$201-\$1,000 IV \$1,001-\$2,500 V \$2,501-\$5,000 VI \$5,001-\$15,000 VII \$15,001-\$50,000 VIII \$50,001-\$100,000 IX \$100,001-\$1,000,000 X \$1,000,001-\$5,000,000 XI Over \$5,000,000 XII Spouse/DC Income over \$1,000,000*											
ASSET NAME													EF																																																	
APM Americas													X													X													X												X											
BT Group													X													X													X												X											
CBL + Assoc													X													X													X												X											
RR Donnelly													X													X													X												X											
Ford													X													X													X												X											
Libbey													X													X													X												X											
Nuslar													X													X													X												X											
Out Front Media													X													X													X												X											
PEL Corp													X													X													X												X											
PatternEnergy													X													X													X												X											
PEI Penn Real Estate													X													X													X												X											
Public Storage													X													X													X												X											
Scanlon Corp													X													X													X												X											
Tanger Foodery													X													X													X												X											
Washington Prime Group													X													X													X												X											

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Use additional sheets if more space is required.

Name: Philip Law

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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)

[illegible]

SCHEDULE D - LIABILITIES

Name:

Philip Law

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or your dependent child. **Mark the highest amount owed during the reporting period.** **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	USAA	11/17	Mortgage on home						X					

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization

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Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprises if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

[illegible]

Use additional sheets if more space is required